

**RECORDS DISPOSITION AUTHORIZATION****STATE OF TENNESSEE  
PUBLIC RECORDS COMMISSION**

1. Department/Division	Allotment Code
2. Division Address	
3. Contact Person	Telephone (    )    -
4. Records Officer Signature	Date
5. Division Director Signature	Date
6. Agency Head Signature	Date
7. Action Requested <input type="checkbox"/> Establish Records Disposition Authorization <input type="checkbox"/> Revise Records Disposition Authorization Number(s) _____ <input type="checkbox"/> If this RDA supersedes any existing RDAs, indicate RDA number(s) _____ <input type="checkbox"/> One Time Disposal	
8. Record Series Title	Date Range of Records From:            To:
9. Records Series Description (include content)	
10. Disposition: The files are to be cut off at the end of each <input type="checkbox"/> calendar year <input type="checkbox"/> fiscal year <input type="checkbox"/> other (specify) _____ then, <input type="checkbox"/> Maintain in agency _____ month(s) _____ year(s); then <input type="checkbox"/> Transfer to State Records Center; Hold _____ year(s); then <input type="checkbox"/> Convert to (indicate media) : _____ <input type="checkbox"/> Destroy. <input type="checkbox"/> Destroy after _____. <input type="checkbox"/> Destroy when _____. <input type="checkbox"/> Maintain permanently. <input type="checkbox"/> Transfer to Library & Archives where records will be screened and evaluated for historical purposes. <input type="checkbox"/> Migrate tapes, cd's or other media every when software and hardware is upgraded or replaced. <input type="checkbox"/> Backup tape/copy disposition will follow State-Wide RDA # 10115 <input type="checkbox"/> Other (specify)  _____ _____	

**FOR PUBLIC RECORDS COMMISSION USE ONLY**

Chairman (Signature)	RDA Number _____	Date Approved Mo.    Day    Year /       /
Member (Signature)	Member (Signature)	
Member (Signature)	Member (Signature)	